

MDR Tracking Number: M5-04-1176-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on December 29, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 01-09-03 to 10-07-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1<sup>st</sup> day of March 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

February 24, 2004

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: MDR #: M5-04-1176-01  
IRO Certificate No.: IRO 5055

\_\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

## **REVIEWER'S REPORT**

### **Clinical History:**

This patient was involved in a work-related accident on \_\_\_\_\_. Initially, the claimant experienced numbness in the upper corridor and pain in the cervical region after lengthy periods of driving. Reviewed medical documents show that the claimant has undergone trials of conservative therapeutics and has had at least 2 cervical fusions. On 01/21/04, request was made for a diagnostic facet block above and below the cervical fusion site. The referring physician stated that if 2 successful procedures were completed, then this claimant would be a candidate for radiofrequency denervation for long-term palliation of pain. In addition, passive therapeutics was recommended, including manipulation, continue in the treatment of this claimant's medical condition.

### **Disputed Services:**

Office visits during the period of 01/09/03 through 10/07/03.

### **Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the office visits in dispute as stated above were not medically necessary in this case.

### **Rationale:**

The provider has failed to provide qualitative/quantitative data that would warrant a 27-session trial of passive therapeutics that includes chiropractic manipulation in the treatment of this worker's condition from 01/09/03 through 10/07/03. It is not clear how the application of continued office visits and manipulation is of any benefit in the treatment of this worker. This patient has been through 2 cervical fusions, and it is not reasonable to believe that chiropractic manipulation will be a long-term pain relief option.

**Additional Comments:**

Reviewed medical records do indicate that the claimant is a candidate for invasive pain controls and that an initial medial branch block above/below the fusion site does seem appropriate. Any treatment of this patient must be within an active, patient proven therapeutic algorithm. Continued application of passive therapeutics does not seem to be an appropriate therapeutic algorithm to relieve, cure, or restore function for any extended period of time. Application of passive therapeutics that includes manipulation, forces the claimant to rely on clinically administered therapeutics for pain modulation; this seems counterproductive for a return to function and/or clinical independence.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references.

- Croft P, etal. *Is All Chronic Pain the Same? A 25-year Followup Study.* Pain, 2003 Sep; 105 (1-2): 309-17.
- Luo X, etal. *Relationships of Clinical, Psychological, and Individual Factors With the Functional Status of Neck Pain Patients.* Values in Health. Vol: 7 (1).
- Minor S. *Manipulation, Mobilization, and Treatment of Chronic Pain.* Clin J Pain, 2001 Dec; 17 (4 suppl): S70-6.

Sincerely,